

Speaker 1:

Welcome to The Eye on the Cure Podcast, the podcast about winning the fight against retinal disease from the Foundation Fighting Blindness.

Ben Shaberman:

Welcome everyone to The Eye on the Cure Podcast. I'm your host, Ben Shaberman, with the Foundation Fighting Blindness. And for this episode, we're going to be talking about orientation and mobility for people with low vision, and I'm really excited to have with us Jean Bousquet, who is a certified orientation and mobility specialist with the Office of Rehabilitation Services in Rhode Island. So, welcome to Eye on the Cure, Jean. It's great to have you.

Jean Bousquet:

Thank you. It's great to be here. Always willing to spread the word.

Ben Shaberman:

Well, thanks for taking time out of your day to do that. And Jean, I don't know if you remember, I met you during retreat for Foundation Fighting Blindness employees back in April, and you were giving us an overview of O&M for people with low vision, and I decided to be a guinea pig and I put on a blindfold and picked up a cane and you tried to have me navigate around a room, and it was pretty pathetic. I remember how difficult it was and it really gave me an appreciation for what it's like to have low vision and the need to really learn how to use a cane or a dog or whatever tools one might have at their disposal for getting around.

So, I'm glad you agreed to be on the podcast. Again, it's great to have you here. In our earlier discussion, you mentioned that in your first career you worked as a mental health social worker for chronically mentally ill adults, which sounds like a pretty important and challenging role, but then you decided to shift from helping those folks to those with vision loss. Can you talk about what inspired that move?

Jean Bousquet:

Sure. It goes to the need to assist people. I had been working in the field of mental health for a long time and I felt I just had reached the limit of what I could do there to be effective. So, I decided to look around what else could I do and still be helping others. And a good friend of mine was in the program at UMass Boston and it was the orientation and mobility program, which there is such a shortage right now. So, I'm happy to recruit anyone that's listening. We have such a shortage that this program was offering grants to become an orientation and mobility specialist. It paid for three quarters of the coursework. It was online, so I could continue to work full-time and I could continue to help people and I could get my degree and go out and do something where there's a shortage. So, that was what led me into... It's kind of a circuitous route from mental health to being an orientation and mobility specialist. But again, I think my mental health background is effective and essential for what I'm doing now.

Ben Shaberman:

Yeah, I would think so. I don't know if this is a stretch, a social worker in mental health, that is sort of an orientation and mobility skill, but you're helping people with their orientation and mobility of their mental health rather than their physical orientation and mobility, if that doesn't sound like too much of a stretch.

Jean Bousquet:

No, it's actually a pretty good descriptor. The whole goal here is independence. I view it as I want somebody that I'm working with to be able to continue to live the way they want to live and be as independent as possible, almost functioning as if I'm not there. What if I don't show up the next day? I want folks to be able to continue and be happy and productive. And that's what both of these careers actually allow me to teach people to do.

Ben Shaberman:

Right. So, for our listeners out there, we have people with a wide range of visual abilities and different types of vision loss. And how much vision loss would you say someone should have for them to start thinking about getting into an O&M program?

Jean Bousquet:

I think it's more a combination of not just their vision loss, but their acceptance and their goals. What is it they want to accomplish? Do they want to remain at home and feel comfortable in their home or do they want to venture out into the community and continue doing what they were doing but doing it differently? So, if somebody has vision loss, say they have low vision and they have trouble navigating at night, they can't go out anymore to their book club or to their bingo club or to meet with somebody because they can't detect the curbs or the drop-offs or if there's some other object that may cause them to fall. So, with respect to their loss of vision, it would be good to start O&M. They could use a cane. They could only use it at night if they chose, but it would allow them that freedom and that independence along with some peace of mind and safety.

Ben Shaberman:

Right. That makes a lot of sense. And I think, at least I'm guilty of this, when I think of orientation and mobility, I always think of either somebody using a navigational cane or having a guide dog. Are there other tools and resources that people can get access to to help them navigate if they have low vision?

Jean Bousquet:

They certainly can. They have a lot of apps on phones now. The iPhone especially is very user friendly for folks who have a visual impairment. There are other societies out there. The Lions Club is awesome at assisting people if they have low vision and they still need to get around. They may provide drivers so that you can get to an appointment or you could get to an activity that you had been really enjoying, but you had to stop going because you couldn't get there. The other piece that's really important is folks can use just the white cane without technology attached to it. We always say that the white cane detects objects. Guide dogs move you around the object. You may never even know there was an impediment in your path of travels when you're using a guide dog.

Ben Shaberman:

Right. And can we talk a moment about some of the apps that you were referring to for the phone? Things like Be My Eyes. I presume that's what you were referring to.

Jean Bousquet:

Yes. Be My Eyes is just one of them. Be My Eyes is a great app. You would dial through the app and somebody using your phone and your camera on your phone can look at the area or the situation and

give you information. For instance, I had a person I was working with who was having trouble locating the dumpster and the door to throw the trash into the dumpster. Seems pretty simple. You just put your hands out and find it. However, I don't know about you, but I'm not putting my hands on a dumpster that I can't see what's been around it.

So, she used her app and had somebody on the other end looking through her phone using the camera and when she held the phone up they could say, "Move to your left three feet. Go forward two feet. The door is now six inches from your left hand." And she was able to find the door to be able to dispose of her trash in the dumpster. So, Be My Eyes is great. It's free. I'm not sure what it is on the Android. I confess, I'm an Apple user. So, it really is helpful in those quick instances when you just need some reassurance. "Okay, I can't read that street sign." They read it for you. Or, "I can't find the medicine I need. Is this the right bottle that I'm supposed to take?" They read it for you.

Ben Shaberman:

That really is very cool. And would you say that most people, if they have some proficiency with their phone, that they can learn to use Be My Eyes or a similar app without your assistance and training? Or do you help people learn how to use those navigation apps?

Jean Bousquet:

Yes, I help people learn to use the navigation apps. It's interesting you should ask about, do I assist with learning how to do the, say, Aria or Be My Eyes or VoiceOver. That's actually handled by our rehab teacher. So, I stick with the GPS component apps and the rehab teacher does the other apps. It's really interesting to see how folks can learn, and this goes to their comfortable and their history of using technology. A person who's been exposed to technology can quickly adapt to it. There are some folks who are resistant. They don't want people knowing their business or some other personal issue, or they may just not have ever used technology and so the learning curve may be a little longer. Or again, they could pick it up quicker than somebody who has been using it all along. So, it's a wide field. I probably didn't answer your question directly, but it's doable.

Ben Shaberman:

No, that makes total sense. And an important question. I do want to talk a little more about some other tools and resources, namely canes and dogs. But you mentioned working with a rehab person and a more general question about that is, how do people learn about O&M instructors like you? How do they find services like you? Because I think in many cases when they're seeing an eyecare professional, a retinal doctor, even an optometrist, they may not get referred onto an O&M instructor or a rehab instructor. How can people find you in their local communities?

Jean Bousquet:

That's a great question. And we encourage people to call their State Commission for the Blind if there is one or if there's an Office of Rehab Services in their state. Everybody in the state is eligible here in Rhode Island for services. And the services you may receive depend on your income, but we don't deny anyone based on income. It's based on their eye report, which is determined by a consultant who lets us know if the person is visually impaired or visually handicapped. So, each state is different and you should call your commission or your rehab services.

Ben Shaberman:

Got it. Got it. So, would you say in most states, I know I'm asking a difficult question because you work in Rhode Island, but do you think in most other states the states would also make it accessible and available for people regardless of their ability to pay?

Jean Bousquet:

Well, I can speak for New York, Massachusetts, and Rhode Island that yes, they provide services whether you can pay or not. Again, it's based upon your vision report, not your income.

Ben Shaberman:

Got it. And then there are other organizations like Lighthouse for the Blind, which aren't necessarily tied to the state, that might also be a good resource for something like O&M or rehab, if I'm correct.

Jean Bousquet:

Yes, you're correct. And we here in Rhode Island are piloting a program to do outreach at senior centers so that they're aware of the services that are available to them. Because you're right, sometimes the optometrist or the retinal specialist does not know about O&M. They're eye doctors. But the other places that serve folks. It may be a senior center. It may be services for independent living within the community. Don't rule out word of mouth. There may be an individual whose family member received O&M services and then they say, "Hey, you might want to try this. Let's go looking for it."

Ben Shaberman:

Right. But I guess the bottom line is, it's a local service, so everybody in their own communities needs to figure out how to get those services within their community. And it might take a little digging to find the best resource.

Jean Bousquet:

Absolutely. You're right.

Ben Shaberman:

So, let's go back to something you touched on before, and that's using a cane. Just from people I've known over the years and people I've talked to with low vision, it's a big decision to decide, "Hey, I think I might need a cane, at least in some instances, to better get around or to let people around me know that I have a vision issue." Can you talk about what people should be thinking about when it comes to a cane and when it might make sense for people to take the leap and begin some cane training?

Jean Bousquet:

That's an awesome, awesome question. And the answer is, they should start thinking about it when their safety becomes compromised. One of the big issues I deal with is people's acceptance of their vision impairment and their vision loss. They are struggling with, they don't want to call attention to themselves. They want to make sure that nobody feels badly for them. But on the same time, they're also struggling with, they're bumping into people. They're bumping into items and becoming bruised. They're tripping on sidewalks, falling and becoming injured. Sometimes it appears as if they're impaired by alcohol or other substances. So, it's an acceptance issue for them to start dealing with as well as, how are they getting along? How are they managing? How are they walking? How's their mobility? Are they still struggling getting up stairs? Are they struggling when they're walking on sidewalks? Are they

struggling just in a grocery store? Because the white cane signals to people, this person has a visual impairment, may need some assistance, I may need to get out of their way. So, it's depending on the person's level of acceptance and their level of safety.

Ben Shaberman:

Right. And how long would you say it takes somebody to get comfortable using a cane? I presume a lot of it is just practice. Just like anything, the more you do it, the better you get. But do you think it takes people weeks or months? Obviously everybody's different. Some people are going to be better at it than others, but give us your perspective on that.

Jean Bousquet:

Yeah, yeah. It's funny you should say, how long does it take, because I have some folks, I have an 80-year-old person who is using that cane purposefully and they're navigating really well. And then I have a young adult who is struggling with maintaining what we call the arc, which is covering where they step, the widest part of their body. But it's also important to recognize the white cane is one tool that an individual is using. We also, when we're teaching somebody how to use a white cane and how to travel, we are also instructing them, "You need to start using your ears. You need to start using your nose. You need to be more aware of where your body is in space and where it is in relationship to other items that your cane may have made contact with."

So, it's not just, "I'm going to sweep this cane back and forth and find out what may be in my path of travels." It's listening with your ears. "Okay, there's somebody coming behind me. There's somebody coming towards me. The room feels more closed in. Does that mean I'm in an entryway to the doctor's office, or does it mean I'm in an elevator?" There are all these other clues and senses that we ask that the individual starts becoming more aware of and utilizing and incorporating. It's like learning a new language.

Ben Shaberman:

Right. Good thoughts and advice. Thank you. So, I have met some people over the years who have made the leap to getting a guide dog. And a lot of people that I've met who have gotten guide dogs love their guide dogs, not just because they love dogs and appreciate having the companionship, but obviously the guide dog for them, at least in most cases, has really opened up their world and improved their independence and ability to get around. Can you talk about when it makes sense for people to think about a guide dog? Is a guide dog for everyone?

Jean Bousquet:

I am so glad you asked that. I'm going to make a plug for Leader Dog, which is located in Rochester Hills, Michigan where I did my internship. They're awesome. That's not to say they're the only one. There are several other great places. But before a person can get a guide dog, they need to be able to travel and be able to orient and understand if they are veering into traffic, how do they recover from that veer? Meaning they're walking towards the cars as opposed to maintaining a straight line or staying away from where cars are. So, they still need to have some O&M skills before guide dog schools will accept them. But having a guide dog does open up the world of acceptance and freedom in a lot of folks' life. The guide dog is great.

It's going to take you around objects that are in the way. It's going to make sure you stay in a straight line when you're crossing a street, so you won't be veering into traffic. Guide dogs are good

companions. They keep you company. They can go anywhere. I want to make sure everybody realizes that. It's against the law to deny somebody who has a guide dog from entry into any building. So, if somebody says, "You can't come in here because you have a guide dog," they're wrong. Yes, you can. But how to determine when you're ready for a guide dog. That is when you and the guide dog schools work together and you have enough work, meaning you have regular routes you're traveling. That means you're getting up and getting out of the house every day. You're walking more than a mile or two every time you head out of the house. Because you want to make sure that the dog's skills do not get lost, if you will, that they still are able to maintain their skills.

And no, the dogs are not trained to get your remote. That's not their job. People have asked, "Can the dog get my remote?" No, no, no. They're there to guide you through stores or to guide you around objects or potholes or they're there to, if you aren't paying attention, you're distracted and you don't hear the car coming, they will walk in front of you. They will disobey your command to stop you from being hit by a car. It's called intelligent disobedience, I think it is. Something like that. And it's pretty cool to watch how they train the dogs to do that.

Ben Shaberman:

Right. It really is amazing how much a guide dog can do in that regard. It's very remarkable.

Jean Bousquet:

It is.

Ben Shaberman:

To close things out, this has been a great discussion, but one thing that I've learned over the years is that people with low vision, each individual has different needs and habits and personalities when it comes to how they navigate, whether they're using a cane or a dog or maybe just taking your arm. And does that make your job a little challenging because everybody is so different? I'm just curious what your perspective is.

Jean Bousquet:

You're right. It does make my job challenging, and this is where I think my mental health background is helpful, that I sit and try to build a relationship with the individual. That's the key, because they need to be able to trust me to be able to help them. We're crossing streets. We're going up and down stairs. So, I cannot just go in there and say, "Hey, you need to do X, Y, and Z." So, I have to learn their skill levels. I need to learn how they feel about being trained by an O&M, how they feel about their visual impairment, and how they feel about being in the community with this visual impairment.

So, it's really important to get to know each person, which is the good side of the job because I'm never bored. The downside is you're thinking fast on your feet because they may throw you a curve ball and you're like, "Ooh, didn't see that one coming." Meaning they may say, "Well, I'm done for the day. I don't want to do this anymore," when they had been doing so well. So, you really need to work and build that relationship with the person you're working with.

Ben Shaberman:

Very true. And just going back to when I worked with you briefly back at our company retreat, I remember how commanding and assertive you could be, and I really liked that because I needed it. I didn't know what the heck I was doing. So, I presume if I was learning over time, I would take more

control. But you really helped me, in that brief moment, figure out how to do what I needed to do to get around. So, thank you. And most of all-

Jean Bousquet:

You're welcome.

Ben Shaberman:

... thank you for taking time today to just talk about orientation and mobility, the ins and outs and the different options and how people can potentially find resources in their local communities. It's a really important thing for people to have access to and I presume need to continually grow, that you just don't stop learning how to orient yourself to the world, that there's always something new to learn.

Jean Bousquet:

Absolutely. And it's a good point to make that some people have O&M skills and then their vision may decline and they can call up and say, "Can I have a couple lessons just to tweak some of my techniques?" Somebody I may not hear for for a few years thinking, "My cane skills are sloppy. I really need to tighten them up a bit." So, it's not just one and done. It's a lifelong process for all of us to keep learning, and it is for them as well.

Ben Shaberman:

That's great. It's great that you don't just train people and go away, that you're there for a refresher course.

Jean Bousquet:

Absolutely.

Ben Shaberman:

So, Jean, thanks again for taking time out of your day to talk about orientation and mobility. It's been interesting. It's been fun. And most of all, thanks for all the great work you're doing for people with low vision out there.

Jean Bousquet:

Thank you for having me. And hopefully if anybody needs anything, you can contact me or your local services and get more information. And I'm sure, Ben, you'll provide information if somebody's looking for it as well, if they reach out to you.

Ben Shaberman:

Sure. The best thing to do would be to send an email to info@fightingblindness.org. Refer to this podcast and we we'll find a way to help you.

Jean Bousquet:

Awesome.

Ben Shaberman:

So, Jean, thanks again, and enjoy the rest of your day, and thanks listeners for tuning into another episode of Eye On the Cure.

Jean Bousquet:

Thank you.

Speaker 1:

This has been Eye On the Cure. To help us win the fight, please donate at foundationfightingblindness.org.

Speaker 4:

Share your vision.

Speaker 5:

Share your vision.

Speaker 6:

Yeah, we all have a different story to share. It's literally all different.

Speaker 7:

Share your vision.

Speaker 8:

I encourage you to share your vision.

Speaker 9:

The Foundation Fighting Blindness is asking those affected by blinding diseases to share their vision loss story to celebrate this October, Blindness Awareness Month. Share on social media using the hashtag Share Your Vision. Go to fightingblindness.org/shareyourvision to learn more.